

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 10-09-03.

The IRO reviewed office visits, therapeutic procedures, myofascial release, joint mobilization, conductive paste/gel and manual traction rendered from 06-12-03 through 07-24-03 that was denied based upon "V".

The Medical Review Division has reviewed the IRO decision and determined that the requestor **did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. Joint mobilization, myofascial release, manual traction and therapeutic procedures on dates of service 06-19-03 and 06-30-03 were found to be medically necessary. Services rendered on 06-12-03 and 07-01-03 through 07-24-03 as well as office visits on dates of service 06-19-03 and 06-30-03 were not found to be medically necessary. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 12-11-03, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$	Reference	Rationale
7-1-03 and 7-15-03 (2 DOS)	99213	\$96.00 (1 unit @ \$48.00 X 2 DOS)	\$0.00	NO EOB	\$48.00	Rule 133.307 (g)(3)(A-F)	Requestor submitted relevant information to support delivery of service for date of service 7-15-03. Requestor did not submit relevant information to support delivery of service for date of service 7-1-03. Reimbursement is recommended in the amount of \$48.00

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$	Reference	Rationale
7-15-03	97110	\$175.00 (1 unit @ \$35.00 X 5 units)	\$0.00	NO EOB	\$35.00	Rule 133.307 (g)(3)(A-F)	See rationale below. No reimbursement recommended.
TOTAL		\$271.00	\$0.00				The requestor is entitled to reimbursement in the amount of \$48.00

RATIONALE: Recent review of disputes involving CPT code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes “one-on-one”. Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division (MRD) has reviewed the matters in light of the Commission requirements for proper documentation.

The MRD declines to order payment for code 97110 because the daily notes did not clearly delineate the severity of the injury that would warrant exclusive one-to-one treatment.

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this order. This Decision is applicable for dates of service 06-12-03 through 07-24-03 in this dispute.

This Findings and Decision and Order are hereby issued this 15th day of April 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division
DLH/dlh

NOTICE OF INDEPENDENT REVIEW DECISION

Date: December 11, 2003

RE: MDR Tracking #: M5-04-0426-01
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic physician reviewer that has ADL certification. The Chiropractic physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

According to the supplied documentation, the claimant twisted her lumbar spine on ___ while at work. The claimant reported to ___ for treatment. At ___ she received medications as well as physical therapy. The claimant was assigned a 5% whole person impairment by ___, on 04/28/2003. The claimant reported to ___ that she was considering another medical opinion. She later changed treating doctors and began therapy at ___ on 05/30/2003. Multiple functional capacity exams were performed. Active and passive modalities were performed. The documentation supports that the claimant began treatment around 06/02/2003 and continued past the dates of service in question.

Requested Service(s)

Please review and address the medical necessity of the outpatient services including office visits, therapeutic procedures, myofascial release, joint mobilization, conductive paste/gel and manual traction rendered between 06/12/2003 – 07/24/2003.

Decision

I agree with the insurance company that the services rendered on 06/12/2003, 07/01/2003, 07/02/2003, 07/07/2003, 07/08/2003, 07/09/2003, 07/10/2003, 07/14/2003, 07/15/2003, 07/16/2003, 07/17/2003, 07/21/2003, 07/22/2003, 07/23/2003 and on 07/24/2003 were not medically necessary. I disagree with the insurance and agree that the services rendered on 06/19/2003 and on 06/30/2003 were medically necessary, with the exception of the office visits billed, which are not deemed necessary on those days.

Rationale/Basis for Decision

The supplied documentation did not reveal how much physical therapy was performed prior to her visit at ___. Since the claimant continued to have pain, but was approximately 4 months post-injury, a short period of active therapy would be considered reasonable and medically necessary. A treatment protocol of 3 times a week for a period of 4 weeks is medically warranted for treatment of the claimant's complaints. Daily treatment for an injury that is 4 months old is not considered reasonable or medically necessary. Since the claimant has had prior physical therapy, continued therapy beyond a 4-week period is not inline with current medical protocols. Without additional objective documentation, the therapy should have been discontinued after 06/30/2003. Office visits that were billed on every treatment day are not considered reasonable or necessary for continued improvement of the claimant's condition. Office visits discussing the claimant's symptoms and possible referrals are considered reasonable on a monthly basis.